

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35350

State File No.

Registrar's No.

Registration District No. 236

Primary Registration District No. 4352

1. PLACE OF DEATH:

(a) County MORGAN
(b) City or town VERSAILLES
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 YRS! (Specify whether years, months or days)

3. (a) PRINT FULL NAME FAY, CHRISTINE CHAPMAN

3. (b) If veteran, name war. ; 3. (c) Social Security No. ;

4. Sex F. 5. Color or race W. 6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ CHILD

6. (b) Name of husband or wife ; 6. (c) Age of husband or wife if alive, years ;

7. Birth date of deceased SEPT. 27, 1941
(Month) (Day) (Year)

8. AGE: Years 2 Months 0 Days 4 If less than one day hr. min.

9. Birthplace MORGAN CO., Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business ;

12. Name JOSEPH CHAPMAN
13. Birthplace MORGAN CO., Mo. 6
(City, town, or county) (State or foreign country)

14. Maiden name EUNICE HAYES
15. Birthplace MORGAN CO., Mo. 6
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Chapman
(b) Address Versailles Mo

17. (a) BURIAL (b) Date thereof 10/1/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VERSAILLES CEM. T. Y.

18. (a) Signature of funeral director W. F. [Signature]
(b) Address Versailles Mo

19. (a) 10-1-1943 (b) Roy Berchstresser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MORGAN
(c) City or town VERSAILLES 071
(If outside city or town limits, write "RURAL")

(d) Street No. ; (If rural, give location) ;
(e) Citizen of foreign country? No. (Yes or No) ;
If yes, name country ;

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 1ST
year 1943 hour ; minute 11 A. M.

21. I hereby certify that I attended the deceased from Aug 6 1943 to Oct 1 1943
that I last saw ; alive on Sept 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute enteritis Duration 3 mos

Due to ;

Due to ;

Other conditions Inanition all life
(Include pregnancy within 3 months of death)

Major findings: Of operations ; Of autopsy ;

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ;
(b) Date of occurrence ;
(c) Where did injury occur? (City or town) (County) (State) ;
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ;

While at work? (Specify type of place) (e) Means of injury ;

23. Signature A. J. [Signature] (M. D. or other) ;
Address Versailles, Mo. Date signed 10-1-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

10-43-1185

11-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

NOT EMBALMED

Registered Apprentice No.

working under my personal supervision.

Signed

J. T. Kimmel

Licensed Embalmer No.

1596

P. O. Address

Kenilworth, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.